

Direct any correspondence to / 任何文件直接寄到
LABOR COMMISSIONER, STATE OF CALIFORNIA



DISCRIMINATION COMPLAINT 歧視投訴

TAKEN BY	DATE	OFFICE
VIOLATION OF SECTION		NAME OF CODE
ASSIGNED INVESTIGATOR		CASE NUMBER

PLEASE PRINT ALL INFORMATION/請用正楷書寫所有資訊

NAME/姓名		HOME TELEPHONE NO. 住家電話號碼		CURRENT WORK PHONE NO. 現時工作電話號碼	
YOUR ADDRESS-NUMBER AND STREET, APARTMENT OR SPACE NUMBER, CITY, ZIP CODE 您的住址- 號碼和街道, 公寓或單元號碼, 城市郵區編碼					
SEX/性別		SOCIAL SECURITY /社會安全號碼		CALIFORNIA DRIVER LICENSE NO. 加州駕駛執照號碼	
DATE OF BIRTH 出生日期					
NAME OF BUSINESS/公司名稱			EMPLOYER'S NAME 僱主姓名		<input type="checkbox"/> CORPORATION <input type="checkbox"/> 公司 <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> 合夥 <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> 獨資
ADDRESS OF BUSINESS- NUMBER AND STREET, CITY, ZIP CODE 公司地址- 號碼和街道, 城市, 郵區編碼					TELEPHONE NUMBER /電話號碼
ADDRESS WHERE YOU WORKED IF DIFFERENT THAN ABOVE/如果不同於上述地址您上班的地址在何處					DATE OF HIRE? 被僱用日期?
YOUR DEPARTMENT AND JOB TITLE 您的部門與職位			RATE OF PAY 工資率 \$ _____ PER HR./每小時		NUMBER OF HOURS WORKED? 工作時數? PER DAY/每天 PER WEEK/每週
NAME OF SUPERVISOR/負責人姓名		TYPE OF BUSINESS/生意類型			ESTIMATED NO. EMPLOYEES 估計僱員人數
WAS YOUR JOB UNION/您的工作有工會嗎?			IF YES NAME AND ADDRESS OF UNION? 如果有, 工會的名稱和地址?		TELEPHONE 電話
WERE YOU DISCHARGED? 您是否被解僱過? <input type="checkbox"/> Yes/是的 <input type="checkbox"/> No/沒有	IF YES- DATE 如果是- 日期	WITH WHOM? NAME AND TITLE 被誰解僱? 姓名和職位			ARE YOU STILL WORKING FOR THIS EMPLOYER? 您仍然為該僱主工作嗎? <input type="checkbox"/> Yes/是的 <input type="checkbox"/> No/沒有
DID YOU NOTIFY YOUR EMPLOYER OF INTENTION TO FILE A CLAIM WITH THE LABOR COMMISSIONER? 有否通知您的僱主打算向勞工委員提出索償? <input type="checkbox"/> Yes/是的 <input type="checkbox"/> No/沒有				IF YES- DATE 如果是- 日期	NAME AND TITLE OF PERSON NOTIFIED? 被通知者的姓名和職位?
DID YOU FILE A SAFETY COMPLAINT? 有否作工作安全投訴? <input type="checkbox"/> Yes/是的 <input type="checkbox"/> No/沒有		IF YES- DATE 如果是- 日期		WITH WHOM- NAME AND ADDRESS? 向誰投訴- 姓名和地址?	
DID YOU NOTIFY OSHA? 有否通知OSHA嗎? <input type="checkbox"/> Yes/是的 <input type="checkbox"/> No/沒有		IF YES- DATE 如果是- 日期		WHICH OFFICE? / 哪個辦事處?	
NAME AND TITLE OF PERSON(S) YOU BELIEVE DISCRIMINATED AGAINST YOU? 您認為歧視您的人的姓名和職位?					
WHAT REMEDY ARE YOU SEEKING THROUGH THIS DIVISION? 通過該部門您認為會得到甚麼補償?					
HAVE YOU FILED WITH ANY OTHER GROUP OR AGENCY? 您是否還有向其它組織或機構作出投訴? <input type="checkbox"/> Yes/是的 <input type="checkbox"/> No/沒有				IF YES, WHICH OFFICE? / 如果是, 哪個機構?	
ARE YOU BEING REPRESENTED BY AN ATTORNEY? / 是否打算找一位律師來代表您呢? <input type="checkbox"/> Yes/是的 <input type="checkbox"/> No/沒有					
NAME/姓名		ADDRESS/住址			TELEPHONE/電話

LIST NAME, JOB TITLES AND TELEPHONE NUMBER (IF POSSIBLE) OF WITNESSES, CO-WORKERS OR THOSE YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT TO THE ACTS YOU ARE COMPLAINING ABOUT. USE ADDITIONAL SHEETS.

列出證人,同事或其它您感到能為您的訴訟提供證據的那些人的姓名,職位和電話號碼 (如果有可能的話)。使用另外的紙。

DECLARATION
申訴書

請書面詳述事件經過。您可另加紙張。請說明您被解僱情況和遭受歧視經過。並指出您認為屬於何種歧視。和詳細說明僱主對您所採取的具體行動，和為甚麼您感到那些屬歧視行為。

DECLARE AS FOLLOWS:

申訴如下：

[illegible]

SIGNATURE/ 簽名

如需用另紙書寫，您必須簡簽姓名，日期和各頁的號碼